

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

JOHN BYRNE, et al.,

Case No.: 3:20-cv-00171-AC

Plaintiff(s),

v.

MOTION FOR LEAVE TO APPEAR  
*PRO HAC VICE*

WESTPAC BANKING CORPORATION, et al.,

Defendant(s).

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Attorney Sara Fuks requests special admission *pro hac vice* to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties):

Plaintiff John Byrne

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In support of this application, I certify that: 1) I am an active member in good standing with the New York State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

**(1) PERSONAL DATA:**

Name: Fuks Sara  
(Last Name) (First Name) (MI) (Suffix)

Agency/firm affiliation: The Rosen Law Firm, P.A.

Mailing address: 275 Madison Avenue, 40th Floor

City: New York State: New York Zip: 10016

Phone number: (212) 686-1060 Fax number: (212) 202-3827

Business e-mail address: sfuks@rosenlegal.com

**(2) BAR ADMISSION INFORMATION:**

(a) State bar admission(s), date(s) of admission, and bar number(s):  
Please see attachment.

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(b) Other federal court admission(s) and date(s) of admission:  
Please see attachment.

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**(3) CERTIFICATION OF DISCIPLINARY ACTIONS:**

☒ I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.

☐ I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)

**(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

**(5) CM/ECF REGISTRATION:**

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED: 04/13/2020

/s/Sara Fuks

(Signature)

